

## Public Records Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Description of record(s) requested (request must be **clear** and **concise** to avoid delays):

**REQUESTOR -- PLEASE READ AND SIGN**

The documents provided by this request will not be used for commercial purposes, or to provide access to material(s) to others for commercial purposes as prohibited by RCW 42.56.070(9). Further, I understand I will be charged **\$.15 per single-sided, standard-size document (8-1/2 x 11 or 8-1/2 x 14). Double-sided copies are \$.30 each. The cost for oversized documents or those sent out for reproduction will be billed to the requestor.** Contact the Executive Director at 206 267-2350 ext. 102 with questions.

***Having read the above-stated conditions, I hereby consent to each of them.***

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please choose one of the following options to submit your request:**

- Email the completed form to [info@tukwilapool.org](mailto:info@tukwilapool.org)
- Deliver the completed form in person or by mail to: **Tukwila Pool, 4414 S. 144<sup>th</sup> St., Tukwila, WA 98168**

**FOR STAFF USE ONLY -- Copies of this request were provided to:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**Above staff to respond to Executive Director by:** \_\_\_\_\_

**Note to responsible staff:** RCW 42.56.520 requires (in part) a WRITTEN RESPONSE within 5 working days of the request. The 5-day rule begins one business day post receipt. Upon hearing from you, the Executive Director will prepare the 5-day letter, notifying the requestor of an approximate date records will be ready; or, if the information sought is exempted by statute. Contact the Executive Director with specific questions.

Day 1	Day 2	Day 3	Day 4	Day 5
				Response to requestor on or by: _____

General notes (and/or) reason for delay or inability to produce records: \_\_\_\_\_

**COMPLETION OF REQUEST**

Date \_\_\_\_\_ Number of Copies \_\_\_\_\_ Amount paid \$ \_\_\_\_\_ Cash  Check  Receipt # \_\_\_\_\_